

LOUISIANA BOARD OF ETHICS
CAMPAIGN FINANCE
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LOUISIANA BOARD OF ETHICS
Post Office Box 4368
Baton Rouge, Louisiana 70821

TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (FOR CANDIDATES)

This Report Covers Calendar Year: 2014☒ ORIGINAL REPORT☐ AMENDED REPORT

☐ I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE L.

Office Sought: Council At LargeDate of Election: April 5Incumbent: ☐ Yes ☒ NoDate Qualified: Wed Feb 12, 2014Name of Filer (print full name): Jarvis Arquis LewisMailing Address: PO Box 992City, State, Zip: Luling, La 70070Name of Spouse (print full name): N/A

Spouse's Occupation: _____

Spouse's Principal Business Address: _____

City, State Zip: _____

Check all that apply:

☐ I have filed my state income tax return for the previous year.☐ I have filed for an extension of my state income tax return for the previous year.☐ I have filed my federal income tax return for the previous year.☐ I have filed for an extension of my federal income tax return for the previous year.

NOTE: La. R.S. 18:1495.7 and 42:1124.2 does not provide candidates the opportunity to request an extension in filing their personal financial disclosure statements.

Certificate of Accuracy

I do hereby certify, after having been duly sworn, that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief.

Signature of Filer

Sworn to and subscribed before me on this 24 day of February 2014TIMOTHY S. MARCEL

Notary Public (print name)

Notary Public (signature)

ID# 24138Date Commission Expires @ death

LOUISIANA BOARD OF ETHICS
Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule A: Employment Information

☒ Filer ☐ Spouse

Job Title: _____ ☐ Full-Time ☐ Part-Time

Name of Employer: N/A Unemployed

Address: _____

City, State, Zip: _____

Job Description: _____

☐ Filer ☐ Spouse

Job Title: _____ ☐ Full-Time ☐ Part-Time

Name of Employer: _____

Address: _____

City, State, Zip: _____

Job Description: _____

☐ Filer ☐ Spouse

Job Title: _____ ☐ Full-Time ☐ Part-Time

Name of Employer: _____

Address: _____

City, State, Zip: _____

Job Description: _____

☐ Filer ☐ Spouse

Job Title: _____ ☐ Full-Time ☐ Part-Time

Name of Employer: _____

Address: _____

City, State, Zip: _____

Job Description: _____

- You are required to disclose employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

LOUISIANA BOARD OF ETHICS
Post Office Box 4368
Baton Rouge, Louisiana 70821

SCHEDULE B: POSITIONS - BUSINESS

☒ Filer ☐ Spouse ☐ Both

Amount of Interest (amount exceeds 10%): _____ %

Name of Business: N/A

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

☐ Filer ☐ Spouse ☐ Both

Amount of Interest (amount exceeds 10%): _____ %

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

☐ Filer ☐ Spouse ☐ Both

Amount of Interest (amount exceeds 10%): _____ %

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

☐ Filer ☐ Spouse ☐ Both

Amount of Interest (amount exceeds 10%): _____ %

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

* You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

Schedule C: Positions – Nonprofit☒ Filer ☐ SpouseName of Organization: N/A

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

☐ Filer ☐ Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

☐ Filer ☐ Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

☐ Filer ☐ Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

*You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit agency.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

Schedule D: Income from the State, Political Subdivisions, and/or Gaming Interests☒ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming InterestName of Business (if applicable): N/A

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

* You are required to complete SCHEDULE D if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

LOUISIANA BOARD OF ETHICS
Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule E: Income Received from Employment

☒ Filer ☐ Spouse ☐ Full-time ☐ Part-time

Name of Employer: N/A Unemployed

Address: _____

City, State, Zip: _____

Nature of Services (pursuant to such employment): _____

Amount of Income: ☒ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

☐ Filer ☐ Spouse ☐ Full-time ☐ Part-time

Name of Employer: _____

Address: _____

City, State, Zip: _____

Nature of Services (pursuant to such employment): _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

☐ Filer ☐ Spouse ☐ Full-time ☐ Part-time

Name of Employer: _____

Address: _____

City, State, Zip: _____

Nature of Services (pursuant to such employment): _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

☐ Filer ☐ Spouse ☐ Full-time ☐ Part-time

Name of Employer: _____

Address: _____

City, State, Zip: _____

Nature of Services (pursuant to such employment): _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

* You are required to complete SCHEDULE E to disclose the income received by you or your spouse for each full-time or part-time employment position held.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* Income that is reported on SCHEDULE D does not have to be restated on SCHEDULE E.

* Income received through self-employment is reported on SCHEDULE F.

LOUISIANA BOARD OF ETHICS
Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule F: Income Received From Business Interests

AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:

☒ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000)☐ Category IV (more than \$100,000)☒ Filer ☐ SpouseName of Business: N/A

Address: _____

City, State, Zip: _____

Nature of services rendered or reason income was received: _____

☐ Filer ☐ Spouse

Name of Business: _____

Address: _____

City, State, Zip: _____

Nature of services rendered or reason income was received: _____

☐ Filer ☐ Spouse

Name of Business: _____

Address: _____

City, State, Zip: _____

Nature of services rendered or reason income was received: _____

☐ Filer ☐ Spouse

Name of Business: _____

Address: _____

City, State, Zip: _____

Nature of services rendered or reason income was received: _____

*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.
* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
* Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.

Revised January 2014

Form 416B

www.ethics.state.la.us

LOUISIANA BOARD OF ETHICS
 Post Office Box 4368
 Baton Rouge, Louisiana 70821

Schedule G: Other Income (any other income that exceeds \$1,000 from each source)

☒ Filer ☐ Spouse

Description of Income: N/A

Nature of services rendered or reason income was received: _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

☐ Filer ☐ Spouse

Description of Income: _____

Nature of services rendered or reason income was received: _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

☐ Filer ☐ Spouse

Description of Income: _____

Nature of services rendered or reason income was received: _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

☐ Filer ☐ Spouse

Description of Income: _____

Nature of services rendered or reason income was received: _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

*You are required to complete SCHEDULE G if you or your spouse received any other type of income that exceeded \$1,000 from any one source.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

*You are not required to report income that is derived from child support and alimony payments contained in a court order, or from disability payments from any source.

*Income that is reported on SCHEDULE D, E, or F does not have to be restated on SCHEDULE G.

LOUISIANA BOARD OF ETHICS
Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule H: Immovable Property (a property that exceeds \$2,000 in value)

☒ Filer ☐ Spouse ☐ Both

Location of Property

Country: _____ State: _____ Parish/County: _____

Description of Property: N/A

Fair Market Value or Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

☐ Filer ☐ Spouse ☐ Both

Location of Property

Country: _____ State: _____ Parish/County: _____

Description of Property: _____

Fair Market Value or Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

☐ Filer ☐ Spouse ☐ Both

Location of Property

Country: _____ State: _____ Parish/County: _____

Description of Property: _____

Fair Market Value or Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

☐ Filer ☐ Spouse ☐ Both

Location of Property

Country: _____ State: _____ Parish/County: _____

Description of Property: _____

Fair Market Value or Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

*You are required to disclose the location by country, state, and parish/county.
* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

Schedule I: Investment Holdings (an investment holding that exceeds \$5,000)☒ Filer ☐ Spouse ☐ BothName of Security: 401KDescription of Security: Past Emp. Savings☐ Filer ☐ Spouse ☐ Both

Name of Security: _____

Description of Security: _____

☐ Filer ☐ Spouse ☐ Both

Name of Security: _____

Description of Security: _____

☐ Filer ☐ Spouse ☐ Both

Name of Security: _____

Description of Security: _____

* You are required to complete SCHEDULE I if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.

* You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.

* You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

LOUISIANA BOARD OF ETHICS
Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule J: Transactions (a transaction that exceeds \$5,000)

☒ Filer ☐ Spouse ☐ Both

Transaction Date: N/A

Description of Transaction: _____

Amount of Transaction:

☐ Category I (less than \$5,000)

☐ Category III (\$25,000-\$100,000)

☐ Category II (\$5,000-\$24,999)

☐ Category IV (more than \$100,000)

☐ Filer ☐ Spouse ☐ Both

Transaction Date: _____

Description of Transaction: _____

Amount of Transaction:

☐ Category I (less than \$5,000)

☐ Category III (\$25,000-\$100,000)

☐ Category II (\$5,000-\$24,999)

☐ Category IV (more than \$100,000)

☐ Filer ☐ Spouse ☐ Both

Transaction Date: _____

Description of Transaction: _____

Amount of Transaction:

☐ Category I (less than \$5,000)

☐ Category III (\$25,000-\$100,000)

☐ Category II (\$5,000-\$24,999)

☐ Category IV (more than \$100,000)

☐ Filer ☐ Spouse ☐ Both

Transaction Date: _____

Description of Transaction: _____

Amount of Transaction:

☐ Category I (less than \$5,000)

☐ Category III (\$25,000-\$100,000)

☐ Category II (\$5,000-\$24,999)

☐ Category IV (more than \$100,000)

* You are required to complete SCHEDULE J if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (which exceeds \$5,000 each).

* You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

LOUISIANA BOARD OF ETHICS
Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule K: Liabilities (a liability that exceeds \$10,000)

☒ Filer ☐ Spouse

Name of Creditor: N/A

Address: _____

City, State, Zip _____

Name of Guarantor (If applicable): _____

☐ Filer ☐ Spouse

Name of Creditor: _____

Address: _____

City, State, Zip _____

Name of Guarantor (If applicable): _____

☐ Filer ☐ Spouse

Name of Creditor: _____

Address: _____

City, State, Zip _____

Name of Guarantor (If applicable): _____

*You are required to complete SCHEDULE K if you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

*You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.

*You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.

*You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.

*You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).

*You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.

**"Consumer Credit Transaction" means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq, R.S. 9:3516(13).

LOUISIANA BOARD OF ETHICS
Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule L: Other Offices/Positions Held

Name of Office/Position: N/A

Name of Office/Position: _____

Name of Office/Position: _____

Name of Office/Position: _____

Name of Office/Position: _____

Name of Office/Position: _____

Name of Office/Position: _____

Name of Office/Position: _____

*You are required to complete SCHEDULE L if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.